



**THE SPONSORSHIP OF
CONTINUING EDUCATION
BY
THE INDIAN HEALTH SERVICE
CLINICAL SUPPORT CENTER**

Two Renaissance Square, Suite 780
40 North Central Avenue
Phoenix, AZ 85004
(602) 364-7777
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SPONSORSHIP OF CONTINUING EDUCATION ACTIVITIES

The mission of the Clinical Support Center (CSC) Office of Continuing Education (OCE) is to develop and support continuing professional education activities meeting the needs of Indian health program health care providers throughout the United States. The purpose of these continuing education activities is to improve the health care for all American Indians and Alaskan Natives.

The CSC is accredited as a sponsor of continuing education (CE) by the Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center Commission on Accreditation (ANCC), and the American Council on Pharmaceutical Education (ACPE). One of the CSC's major roles is to assist IHS and tribal entities with planning continuing education activities. By virtue of its intimate involvement in the development, implementation, and evaluation of activities, the CSC is able to award continuing education credits.

The CSC must participate integrally in the planning and implementation of each sponsored activity. The process begins with the submission of a "Proposal" that is developed when planning begins. By starting the sponsorship relationship early in the planning stages, you can take advantage of the Clinical Support Center's many years of experience in these endeavors. We can help you with advice, examples, tools, forms, and samples from similar activities. Regular consultation with CSC staff throughout the planning process will ensure that all elements are addressed properly. Please understand that our role in your continuing education activity is, as our middle name implies, to support.

The most important thing to remember is to contact us at the Clinical Support Center as soon as you decide to plan a continuing education activity. We want to be involved in all aspects of the planning process.

E.Y. Hooper, MD, MPH, Director, Office of Continuing Education

John F. Saari, MD, Physician Educator

Edward J. Stein, PharmD, RPh, Pharmacist Educator
Theodora R. Bradley, RN, MPH, Nurse Educator
Carol Anderson, Secretary
Theresa Felix, Clerk Typist

Revised 8/00

PLANNING CONTINUING EDUCATION ACTIVITIES

The purpose of the sponsorship process is to enhance the quality of continuing education by encouraging the adherence to the adult learning principles embodied in the "Essentials" or "Criteria" of the national accrediting organizations.

The time to contact the IHS Clinical Support Center to inquire about sponsorship and continuing education credits is when you conceive of or start to plan an activity, not after all of the details have been worked out. We have no intention of controlling the planning of your activity; we simply need to be involved in the process and want to have the opportunity to offer assistance when we feel we can help. Coordinators who have worked with us in this process have found that we can make their job easier and their CE product a better one.

One of the first steps in the planning process is to determine the target audience for your activity, and some broad, overall goals that you wish to accomplish. Once you have determined these, you should select a "Planning Committee," which must have at least one representative of each profession for which you plan to offer CE credit.

On the next two pages of this packet of materials you will find **Proposal Forms** to complete in order to begin the process of establishing a sponsorship agreement with the Clinical Support Center (one for a brief, one-time, one or two hour activity, and another for any longer course). The other materials in this packet describe the steps involved in the completion of the planning process. The time to contact us is before the remainder of the documents and tasks are completed. This early communication with the Clinical Support Center will ensure that everything is accomplished in a mutually satisfactory manner.

We have avoided absolute deadlines for the submission of this "Proposal for a CE Activity" for several reasons. We want to be as flexible as possible (although if credit for pharmacists is sought, ACPE requires at least 60 days prior notification). To some extent, the "deadline" is a function of the complexity of the activity: it would be much longer for a complex, four-day course than for a one-hour lecture.

Although the CE planning steps are occasionally looked at as

"requirements" (or obstacles), they are really useful tools to improve the learning experience. For this reason, we never ask you, as a CE coordinator, to do something "because it is required." Rather, we try to show you how, if you use these tools to your advantage, you can produce a better product for those who participate.

PROPOSAL FOR A CONTINUING EDUCATION ACTIVITY

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
40 North Central Avenue, Suite 780, Phoenix, AZ 85004
(602) 364-7777 FAX (602) 364-7788

Please complete this form and send it to us as soon as you begin thinking about an activity.

1. Title and brief description of the continuing education activity: _____

2. Goals of activity: _____
3. Date(s) of activity: _____ and times: from _____ to _____
4. Location of Activity: _____
5. Contact Person: _____ Title: _____
Address: _____ Phone: () _____
City, State, Zip: _____ Fax: () _____
Service Unit/Facility/Organization: _____
6. Target Audience (*e.g., Internists, Outpatient Nurses, Pharmacists, etc.*): _____

7. Type(s) of credit you are requesting: Physicians ☐ Nurses ☐ PAs ☐ Pharmacists ☐
Family Physicians (AAFP) ☐ Other ☐ (Please specify): _____
8. Who will be helping you plan the activity? *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit.*

9. Is the needs assessment checklist attached? _____
10. Do you plan to repeat this CE activity during the coming 12 months? If yes, when or how often? _____

PROPOSAL FOR A ONE HOUR CE LECTURE

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
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(602) 364-7777 FAX (602) 364-7788

Please complete this form and send it to us as soon as you begin thinking about an activity. This form should be used for a single, one- or two-hour lecture only. Use a "Proposal for a Continuing Education Activity" for a longer activity, or use a "Proposal for an Hourly Series" for an ongoing series of one-hour lectures.

1. Title and brief description of the content of the one- or two-hour lecture: _____

2. How were the needs for this lecture determined? Please describe and attach needs assessment checklist.

3. Objectives of lecture (please list): _____

4. Date of lecture: _____ and time: from _____ to _____

5. Location of lecture: _____

6. Contact Person: _____ Title: _____

Address: _____ Phone: () _____

City, State, Zip: _____ Fax: () _____

Service Unit/Facility/Organization: _____

7. Target Audience (e.g., Internists, Outpatient Nurses, Pharmacists, etc.): _____

8. Type(s) of credit you are requesting: Physicians G Nurses G PAs G Pharmacists G

Family Physicians (AAFP) G Other G (Please specify): _____

9. Who has been or will be helping you plan the lecture? *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit.*

Revised 8/00

THE CONTINUING EDUCATION PROCESS

The remainder of this packet is intended to guide you through the steps involved in the CE planning process and to create a record of what took place. The steps include:

1. establishing the target audience and broad, overall goals for the activity.
2. determining the learning needs of the target audience.
3. prioritizing needs and writing the agenda.
4. writing behavioral learning objectives.
5. choosing the teaching methods.
6. identifying faculty and communicating with them.
7. developing an evaluation plan.
8. creating and distributing promotional materials.
9. obtaining "Disclosures of Commercial Support."
10. developing methods for documenting attendance.
11. evaluating the activity after its completion.

The Clinical Support Center has developed many items that you can use in these steps. In the following sections you will find many sample forms that can be used for your activity if you wish. These include **Disclosure** forms, **Attendance** forms, **Speaker Information** forms, **Announcements**, **Biographical Data** forms, and **Evaluation Forms**. We can even develop your announcement for you or supply you with a template in WordPerfect format for your use.

Following the submission of your **Proposal** form, we will contact you as soon as we have reviewed it. If time is short, please give us a call so we can expedite the process. Upon acceptance of your proposal, we are committed to guiding you through this process. Again, regular consultation with the CSC staff throughout the planning process will ensure that all elements are addressed properly.

NEEDS ASSESSMENT

Your activity should be planned to meet identified learning needs of the prospective participants. It follows, then, that there should be some systematic effort to find out what the providers you are trying to reach want or need to learn. Needs should be identified using a **variety** of sources, and **objective** measures should be used whenever possible. Once identified, these needs should be analyzed and prioritized by the planning committee to produce the maximum impact.

On the following page is a list of some of the many valid methods by which to discover needs. Please place a check next to as many of these methods as apply to the activity you are planning.

Once you have a compiled list of needs, you will usually need to narrow it down to a manageable number of topics that will fit your resources. You should use the activity planning committee to accomplish this, and you should **record** how the decisions were made about what subjects to include. Also on the next page is a list of common criteria used for prioritizing needs. Please place a check next to as many as you used/will use in deciding upon the most important needs for this activity.

NEEDS ASSESSMENT CHECKLIST

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
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The following is a list of some of the many valid methods by which to discover needs. Please place a check next to as many of these methods as apply to the activity you are planning:

- | | |
|--|---|
| " Questionnaire/survey | " Hospital Committee data or findings |
| " Evaluations of prior CE activities | Pharmacy and Therapeutics |
| " New medical/nursing/pharmacy knowledge | Infection Control |
| " Continuing Education committee deliberations | Morbidity and Mortality |
| " Staff consensus/interviews | Tissue and Transfusion |
| " Consultant recommendations | Quality Assurance |
| " Hospital administration recommendations | Patient Care Evaluation |
| " Patient care audit data | " Epidemiologic data |
| " Practice profile (frequency of common diagnoses or conditions) | " IHS or Area Office priority or initiative |
| " Adverse outcome data | " Systematic review of a body of knowledge |
| " Health records statistics | " Performance appraisal data |
| " New products or services available | " Self-assessment data |
| " Suggestion box | " Incident reports |
| " Departmental meetings | " Nature of frequently asked questions |
| " Program priority | " Monitoring of rounds/clinical discussions |
| | " "Seasonal" topics |
| | " Other (Describe on next page) |

The following are common criteria for prioritizing needs. Please place a check next to as many as you used/will use in deciding upon the most important needs for this activity.

- " Estimate of the impact of the condition
- " Likelihood that CE will effect change
- " Prevalence of the need among prospective attendees
- " Number of assessment sources indicating the need
- " Availability of resources to address the need
- " Interest in the topics among providers
- " How recently similar topics have been addressed

In narrative form, please describe what steps were/will be taken to assess the CE needs for this activity, how these needs were/will be analyzed and by whom, and what decisions have been reached (if any). You may write on the reverse if needed. Attach copies of minutes of planning committee meetings that document the process.

Please make a copy of this page and send it to us; it will help us advise you.

EDUCATIONAL OBJECTIVES

The educational needs you've discovered should be translated into statements describing the expected learning outcomes of your activity. Clearly stated objectives give those who may wish to participate a realistic understanding of the nature and purposes of the activity so they can make an informed decision about whether or not to attend. The objectives also help the faculty focus their presentations on the needs of the participants. The participants and the faculty, therefore, need to know the objectives in advance. Ideally, the objectives should be stated in terms of what those who attend should be able to do for their patients as a result of having participated. Clear objectives will also allow those attending to judge the success of the activity when it is over. **Objectives**, then, come from the **needs** and lead to the **evaluation**.

In summary, the following items should be considered:

- ___ The objectives are/will be derived from the determined needs.
- ___ Central objectives are/will be written for each presentation.
- ___ The objectives are/will be written in terms of what the participants will be able to do for their patients, or what influence they will have on health care and its delivery.
- ___ Faculty members will know the objectives ahead of time.
- ___ Potential participants will receive the objectives ahead of time.
- ___ The objectives will be used in the evaluation of the success of the activity.

Some advice about writing objectives:

State the desired outcomes of the activity (changes in abilities, skills, attitudes, or knowledge) that are expected to occur as a result of having participated in this learning activity. These should be in measurable terms and should relate to patient care, if possible. This can be done by completing the following sentence:

At the completion of this activity, participants will be able to:

Examples:

At the end of this workshop, the participants will be able to:

1. apply a short arm cast.
2. recognize and treat the four major dysrhythmias presented.
3. list the differential diagnosis for acute chest pain.
4. incorporate knowledge of traditional diets into care of patients with diabetes.

Useful verbs to facilitate writing of measurable objectives:

<u>Knowledge</u>		<u>Comprehension</u>		<u>Application</u>	
	<u>Analysis</u>	<u>Synthesis</u>	<u>Evaluation</u>		
cite	associate	apply	analyze	arrange	appraise
count	classify	calculate	appraise	assemble	assess
define	compare	complete	contrast	collect	choose
draw	compute	demonstrate	criticize	compose	critique
identify	contrast	dramatize	debate	construct	
determine					
indicate	describe	employ	detect	create	estimate
list	differentiate	examine	diagram	design	evaluate
name	discuss	illustrate	differentiate		detect
	judge				
point	distinguish	interpret	distinguish	formulate	measure
read	explain	interpolate	experiment	generalize	measure
recite	estimate	locate	infer	integrate	rank
recognize	express	operate	inspect	manage	rate
relate	express	order	inventory	organize	

recommend

repeat	interpret	predict	question	plan	revise
select	interpolate	practice	separate	prepare	score
state	locate	relate	summarize	produce	select
tabulate	predict	report		propose	test
tell	report	restate		specify	
trace	restate	review			
write	review	schedule			
	translate	sketch			
		solve			
		translate			
		use			
		utilize			

EDUCATIONAL DESIGN

After the identified learning needs have been translated into educational objectives, it is important to consider the questions, "What are the best ways to achieve these objectives?" and "What is the best format for this learning experience?" While lectures are the most commonly used teaching method, often other methods can be more effective. Think about using one or more of the following:

____ small, interactive workshops

____ case presentations

____ panel discussions

____ hands-on practice

____ demonstration

____ questions and answers

A committee can spread the workload and improve the systematic planning process. It must include at least one representative of the each profession in the target audience to assure all perspectives are considered. The committee should keep minutes that show how it designed the educational experience:

- ! What methods did it use to find out what the target audience needed?
- ! How did it prioritize the needs and choose among them to select the topics to be included in the agenda?
- ! How were the objectives written?
- ! How were the faculty selected?
- ! How was it decided which learning formats to use?
- ! How were all subsequent tasks accomplished?

Faculty selection should be based not only on expertise in the subject, but also on enthusiasm, ability to teach, and familiarity with health

care in Indian health programs. Those chosen to teach should know who will be in the audience (professions, experience, background), and what the learning objectives are for their presentation (see **Communicating with Faculty**).

In summary, the following items should be considered when designing your educational activity:

- _____ The planning committee includes someone from each profession for whom the activity is intended.
- _____ Records are being kept of the committee's discussions and decisions.
- _____ A variety of learning methods have been/will be considered in designing the activity.
- _____ Faculty have been/will be selected based on expertise, teaching ability, and familiarity with Indian health programs.
- _____ A faculty letter has been/will be sent to each presenter with the key information they will need to prepare.
- _____ Adequate time and meeting facilities have been/will be devoted to the learning activity.

COMMUNICATING WITH FACULTY

Generally after you have asked someone to participate as faculty in your activity, you will need to follow up with a letter that confirms the logistical arrangements and other details. This letter should include the learning objectives for that presentation so that the speaker will know exactly what he or she is expected to accomplish. In many situations, the speaker plays an important role in defining the objectives -- for example, a subspecialist to whom you often refer patients may have the best insight into what your staff needs to learn about early diagnosis and pre-transfer management of your patients. At other times, your staff or planning committee will have an exclusive role in defining the objectives. In either case, the statement of the objectives in the letter assures there will be no misunderstanding. In fact, most presenters place so much stock in the objectives that if they are poorly considered or carelessly written, you may find that the session did not turn out as you intended or assumed it would.

Be certain to consider the following items, when appropriate, in your faculty letters:

- ____ Name of the meeting and overall goals or purpose
- ____ Date, day of the week, and time of their presentation(s)
- ____ Duration and format of presentation(s)
- ____ Location of facility and meeting room; offer directions if necessary
- ____ Target audience, numbers, and their characteristics or background
- ____ How their contribution fits in with the larger meeting (enclose agenda to clarify this)
- ____ Whether they will be expected to respond to questions
- ____ The objectives, and perhaps how the need was determined
- ____ How the meeting will be evaluated
- ____ Request that they complete the Disclosure Form and the reverse side with biographical data and audiovisual needs and handouts
- ____ How honorarium, if any, or reimbursement of expenses will be handled
- ____ Who to contact with questions, with the address and phone numbers

On pages 14 and 15, you will find an example of a faculty letter. On pages 16 and 17, there are some useful instructions to copy and give to

speakers for developing a presentation.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

INDIAN HEALTH SERVICE
CLINICAL SUPPORT CENTER
40 NORTH CENTRAL AVENUE, SUITE 780
PHOENIX, ARIZONA 85004
(602) 364-7777

March 7, 2000

Steve Smith, MD
4350 Westview Road
Albuquerque, NM

Dear Dr. Smith:

Thank you for agreeing to speak at the "Albuquerque Area Annual Diabetes Conference." This two-day conference provides relevant, high quality continuing education to providers throughout the Albuquerque Area of the Indian Health Service.

The meeting will be held at the Downtown Hotel and Convention Center May 23-24, 2000. Those attending will be primary care providers from IHS service units in the Albuquerque Area. This will include about 30 physicians, and 20 physician assistants and nurse practitioners, the majority of whom have many years experience in IHS and have large numbers of diabetic patients in their caseloads. Although some work at the Albuquerque IHS hospital, most work in outlying service units; resources and staffing vary accordingly. The complete agenda for the conference is enclosed to let you know the other topics that will be covered during the meeting.

For the most part, the conference participants will be meeting in small workshops, but we will be starting both days with plenary sessions. Your plenary presentation on "Staged Diabetes Management" is scheduled for 9 to 10am on Monday, May 23rd. If you could set aside the last ten minutes of your hour for questions and answers, this will give the audience the opportunity to bring up issues of particular importance to them. As we discussed on the phone, the objectives for your session are as follows:

Upon completion of the activity, participants will be able to:

1. Employ clinical practices that reflect the principles of Staged Diabetes Management.
2. Follow the treatment protocols for preserving renal function in the diabetic patient.

3. Apply Staged Hypertension Management for diabetic patients with high blood pressure.

These objectives were developed by the conference planning committee and are derived from the current emphasis plan of the IHS diabetes program and new medical knowledge. If you have any questions concerning these objectives, need clarification regarding the expectations of the committee, or would like to suggest refinements in the objectives, please let me know. One way we measure the success of the course is to find out from those attending if the objectives were met for each of the talks; that is why we are so careful to share them with you and the participants ahead of time. The results of evaluations will be used to plan future CE activities and will be shared with the faculty.

Could you please complete the "Disclosure Form" I have enclosed? It is important to let the audience know if there are any relationships with commercial entities that might be perceived as a conflict of interest. As we agreed upon, your expenses will be reimbursed by the Area Diabetes Program and there is no commercial support for your presentation. On the other side of the "Disclosure Form" you can give us some information to use when we introduce you; you can either complete this or send us a brief resume. The form also allows you to list the audiovisual equipment you will need for your presentation. If you will submit your handouts to us by May 1st, we will be pleased to reproduce them for you and include them in the distributed course materials.

The address of the convention center is 2444 West Market Street (998-2343). Please contact Ms. Begay at 444-8695 for any assistance with your plans. We are looking forward to your presentation. If you have any questions or needs, please contact me directly at (509) 322-2345.

Sincerely,

John F. Saari, M.D.
Medical Educator



A Guide for Faculty and Speakers

We would like to thank you for offering to speak at one of our educational sessions. Here are some tips that we feel will make your planning easier and your presentation more successful.

Designing Your Presentation

- ☐ Know the size and composition of your audience. Material must be tailored to the background, needs, and abilities of that group.
- ☐ Follow the objectives that have been presented to you. These objectives are based upon the needs of the audience and are stated in terms of what the audience should be able to do as a result of having attended your presentation.
- ☐ Utilize adult learning principals when designing the presentation style.
 1. Learning occurs when the learner perceives a problem; adult learning is problem centered.
 2. Adults prefer to participate actively and need to be able to express themselves freely.
 3. Learning applied immediately is retained longer.
 4. Use the knowledge of the entire group, not just the instructors.
 5. Create a friendly environment of mutual respect.
 6. Case studies are an excellent way to involve the group and utilize these principals.
- ☐ Construct an outline to organize your thoughts.
- ☐ Limit important points to a few, making sure that you cover the objectives.

Designing Effective Visual Aids

- ☐ Make certain that you practice your presentation with your visual aids to be sure they are readable.
- ☐ Keep it simple. Limit amount of information on each overhead or slide. You should use only one figure, one table, or a few lines of text

to emphasize a single idea.

- ⌄ Use the visual aids as a guide. Do not read the information to the audience.
- ⌄ Be aware of problems when using colors. Avoid colors that blend together.
- ⌄ Avoid too many slides or overheads. Use them as an aid; do not overwhelm the audience.
- ⌄ Know how to position and operate the projectors.

C Overhead Transparencies

1. Easy and inexpensive to prepare.
2. Do not simply make a xerox transparency of normal typed material. It will not be legible on the screen.
3. If you can stand and read the transparency when it is lying on the floor, the type size is adequate.
4. Room need not be darkened, which allows you to have contact with the audience.
5. May write on them during presentation.
6. Turn off the projector when it is not in use.

C Slides

1. Increased expense and time required for design and preparation.
2. Avoid overcrowding; limit to less than 7 lines of text. Keep layout simple and limit each slide to one major concept.
3. Dark background with light colored lettering the best. White background and black letters causes eyestrain.
4. Allow one to two minutes per slide. This avoids using too many slides and gives the audience time to interpret the information.
5. Use the 80 slide carousels. The 140 slide tray commonly jams.

Presentation Guidelines

- C Be aware that a lectern or podium makes the lecture more formal.
- C Introduce the presentation in a manner that commands attention. You have only about two minutes to capture the audience.
- C Explain at the beginning what the audience can expect and what they will be able to take back with them.
- C Ask the audience what they expect to learn from your presentation.
- C Make eye contact with the audience and be aware of your body language.
- C Make the presentation sound like you. Use a natural tone of voice, simple language, and avoid speaking rapidly.
- C Reinforce key points throughout the presentation and summarize at the end.
- C Allow time for questions.

- Ⓒ Prepare handouts to summarize key information so audience can focus on speaker rather than taking notes.
- Ⓒ Evaluate your progress throughout the presentation by asking for audience feedback.

If you have an interest in more advice about any aspect of preparation or presentation, please contact the Clinical Support Center at (602) 364-7777.

EVALUATION

After the activity is over, you will want to know whether or not you met the needs you identified at the outset and if you achieved the learning objectives. You may also want to know how you can improve your next activity, and what unmet needs there are for those who attended this one. Evaluation can also be used to assess the quality of the teaching and the participants' perception of their enhanced professional effectiveness. The ideal evaluation would examine whether or not patient care or patient outcomes are favorably affected by continuing education.

Evaluation ranges in sophistication from, at the simplest end of the spectrum, how well the participants liked the course (the so-called "satisfaction index"), to, at its most complex, assessment of how patient care or health status changes as a result of provider activities. It is impossible to evaluate all aspects of an activity; therefore, at the outset, you will need to decide just what it is you will want to know at the end of your evaluation effort. Rather than choosing a tool and finding out after your meeting what you learned from it, decide in the beginning what you want to learn and then select or design a tool accordingly. We have many examples to choose from, or we can help you design your own or modify one you have seen elsewhere.

While asking participants to complete questionnaires after an activity is the most common way used to collect data, there are other methods. Keep in mind that the amount of data collected must be manageable, and that someone has to tabulate and analyze it. Evaluation should not be a routine exercise that is done to "meet the requirements." If you feel that you are not accomplishing anything useful with your evaluations, then it is time for us to help you find a better way to do it.

AN OUTLINE OF THE EVALUATION PROCESS

Here are some ideas to help you develop and document your evaluation process. The steps listed are followed by examples or explanations, but you are encouraged to tailor the process to your own needs. All of this should be the responsibility of the planning committee, not one individual.

Step 1: Write down several goals for your evaluation process.

Examples of Goals:

- Determine future topic needs
- Find out how to improve future CE activities
- See if the speakers are worth asking back
- Find out if the objectives were accomplished
- Find out if the topics were well chosen
- See if participants feel a sense of enhanced professional effectiveness
- Learn if health care providers' behavior is changed by the activity
- Determine if patient outcomes are affected by the course

Step 2: Decide how much data you are able to collect and who is going to analyze it. Don't plan to collect more data than you are able to handle. You can't analyze all things for all activities and do it well, so decide what's important.

Step 3: Decide what data to collect and how to collect it. Questionnaires completed by participants are the common method, but there are other ways.

Step 4: Design a suitable collection tool or method to obtain the data (or you may ask the Clinical Support Center for examples that meet your needs.)

Step 5: Collect the data.

Step 6: Tabulate the data.

- Step 7: Write your conclusions based on an analysis of the data. What was good, what was bad, were the objectives achieved, and how would you change it next time? This is the most important step.
- Step 8: Critique your evaluation process itself. Was it done well? Did it provide useful information? How would you do it differently next time?

In summary, the following items should be considered:

- _____ The planning committee will consider what it wants to learn from the evaluation process.
- _____ An appropriate method will be chosen to collect data to answer those questions.
- _____ At a minimum, we will assess the quality of instruction, the achievement of the objectives, and the perception of enhanced effectiveness.
- _____ The plan will include the means to tabulate and analyze the data. The planning committee will examine the data and send a concise written report to the Clinical Support Center summarizing its conclusions, including the strengths and weaknesses of the activity and plans to improve continuing education activities in the future.



SPEAKER EVALUATION

Title of Activity: _____ Date: _____

Goal/Purpose of Activity: _____

Please indicate your profession by checking one: G MD G RN G NP G PA G Other: _____
(please specify)

If 5 is the highest, best, or most, and 1 is the least, lowest, or worst, please rate the following:

1. Please evaluate the speaker(s):

Appropriateness of Name of Presenter (s) strategies	Expertise									
	of presenter					teaching				
_____	1	2	3	4	5	1	2	3	4	5
_____	1	2	3	4	5	1	2	3	4	5

2. Please comment about the above presenter(s): _____

3. How would you rate the extent to which you can meet the following objectives?

- A. _____ 1 2 3 4 5
- B. _____ 1 2 3 4 5
- C. _____ 1 2 3 4 5

4. Please rate the extent to which the above objectives were related to the overall purpose/goal(s) of the activity. 1 2 3 4
5

5. How would you rate the appropriateness of the meeting facilities (including meeting room(s), location, food, etc)? 1 2 3 4
5

Please comment: _____

6. Other comments:

7. Please list topics you would like to hear in the future.

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PRESENTATION EVALUATION

9 MD 9 PA 9 RN 9 RPh 9 Other (specify): _____

PRESENTATION TITLE / SPEAKER: _____

	DISAGREE			AGREE	
	1	2	3	4	5
1. The presenter demonstrated expertise in the subject.					
2. The teaching strategies were appropriate.					
3. As a result of attending this activity, I am able to meet each of the stated objectives.					
4. The objectives were relevant to the overall goal/purpose of the learning activity.					

COMMENTS: (Please explain all ratings of 1 or 2; use other side if needed).

PRESENTATION EVALUATION

9 MD 9 PA 9 RN 9 RPh 9 Other (specify): _____

PRESENTATION TITLE / SPEAKER: _____

	DISAGREE			AGREE	
	1	2	3	4	5
1. The presenter demonstrated expertise in the subject.					
2. The teaching strategies were appropriate.					
3. As a result of attending this activity, I am able to meet each of the stated objectives.					
4. The objectives were relevant to the overall goal/purpose of the learning activity.					

COMMENTS: (Please explain all ratings of 1 or 2; use other side if needed).



FACULTY EVALUATION OF SEMINAR

YOUR NAME AND TITLE: _____

LOCATION: _____

TITLE AND DATE OF PRESENTATION: _____

We are interested in enhancing the quality of communication with and support for our faculty. Therefore, we ask that you take a few minutes to complete this form and return it in the enclosed self-addressed, stamped envelope. You may use the **reverse side** of this form for additional comments.

COMMUNICATION	EXCELLENT	AVERAGE	POOR
1. Correspondence and/or telephone calls to you were helpful.	3	2	1
2. Correspondence and/or telephone calls to you were timely.	3	2	1
3. Our expectations for your responsibilities were made clear.	3	2	1

FACILITY	EXCELLENT	AVERAGE	POOR
1. The room facilitated your teaching approach.	3	2	1
2. The seating arrangement facilitated learner participation.	3	2	1

AUDIO-VISUAL	EXCELLENT	AVERAGE	POOR
1. The equipment you requested was available and in working order.	3	2	1

- OTHER**
- Based upon audience participation, how would you assess the effectiveness of your presentation on student learning? _____
 - What would you do differently if you were to give this presentation again? _____
 - Would you be willing to participate as a faculty member in a future continuing education activity?
YES G NO G Please comment: _____
 - What problems did you encounter in preparing for or presenting this activity? _____
 - Please share additional comments about how we can improve communication with or support for our faculty. _____

SUMMARY EVALUATION

Please indicate your profession:

MD G NP G PA G PP G CNM G

Other G (please specify) _____

1. Please comment on lodging, meeting rooms, meeting location, service, recreational opportunities, travel arrangements, food, etc.:

2. Please list topics you would like to hear about next year.

3. What suggestions would you make to improve this seminar next year?

4. What TOPICS were most helpful this year?

5. What learning FORMAT do you find the most useful (lecture, panel discussion, workshop, etc?)

6. Will your practice or care for patients change as a result of the last few days, and, if so, how?

8. Overall, how would you rate this seminar?

1	2	3	4	5	6	7	8	9	10
Poor				Average					Good

9. Any other comments, criticisms, suggestions, praise, etc? Please use other side.

Revised 8/00

ANNOUNCEMENTS AND BROCHURES

Promotional material is useful to you and your participants in many ways. It can give prospective attendees sufficient information so that they can make an informed choice as to whether to attend an activity or not; it can advise participants about requirements that must be completed prior to the course; it can inform them of the amount of credit available; and if distributed early enough, it can assist them in adjusting their schedules to be able to attend. Some coordinators feel that since their audience is small, and limited to their service unit, announcements are not needed. While the time and topic for any given activity may be known to many, the additional elements are clearly helpful to planner and attendee alike.

All brochures, announcements, or other publicity must be reviewed by the accredited sponsor (CSC, if that is the case) when they are in draft form, so that there is an opportunity to make suggestions for improvements. Obviously, then, we need to be working together soon enough to be able to reach a sponsorship agreement before publicity needs to be printed and distributed. Most accrediting organizations discourage or prohibit the use of statements to the effect that "continuing education credits have been applied for."

The promotional materials should include, at a minimum, the following items:

1. The name of the **accredited** sponsor (the IHS Clinical Support Center, in our case) must be prominently displayed on the top or front of any and all publicity.
2. The name of other entities or sponsors that have played a role in the development of the activity.
3. The target, or intended, audience.
4. The course title and information about the date, time, schedules, and location.
5. The names of key faculty members and their role or credentials.

6. The seminar goals, or specific learning objectives stated in terms of what participants can expect to be able to do for their patients as a result of having attended the activity.
7. A description of any requirements established by the planning committee, such as advanced preparation, completion of previous courses, reading, prior experience, job title, profession, or completion of a pre-test at a certain proficiency level).
8. Any applicable fees.
9. The amount and type of continuing education credit that can be earned through participation in the program.
10. The accreditation statements, **worded precisely as they are given by the accredited sponsor**, are always to be included. Statements to the effect that "Credits have been applied for...." are prohibited by some accrediting bodies since they may be misleading. The "ACPE logo," the symbol of the American Council on Pharmaceutical Education, must be included with that organization's accreditation statement, when applicable.
11. A name and phone number for a contact person.

We can supply you with a sample announcement to use for your activity or you can develop your own. We also have the ability to assist you with the design of more complex announcements or provide you with additional samples on diskette in WordPerfect format.

On the following page, you will find an example of an announcement.

Please remember that we must review your announcement prior to its distribution.

Phoenix Indian Medical Center

FAMILY PRACTICE DEPARTMENTAL CONFERENCE

Sponsored by the IHS Clinical Support Center

Thursday, March 30, 1997

8:00 to 9:00 am

Conference Room A

"GUIDELINES FOR USE OF ALCOHOL DETOX BEDS"

Dave Eppehimer, MD

**Internist, Chemical Dependency
Consultant, PIMC**

Susan Anderson, RN, MS

Nurse Manager, 3 East

OBJECTIVES:

**AS A RESULT OF HAVING ATTENDED THIS
CONFERENCE, PARTICIPANTS WILL BE ABLE TO:**

- 1. agree on priorities and strategies for selection of patients for alcohol detoxification,**
- 2. screen patients effectively to identify which patients are likely to have alcohol withdrawal symptoms requiring medical and nursing treatment, and**
- 3. establish uniform treatment and nursing plans and/or protocols for management of alcohol detoxification.**

ACCREDITATION:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing

Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing medical education for one hour of Category 1 credit toward the Physician's Recognition Award of the American Medical Association for each hour of participation.

This Category 1 credit is accepted by the American Academy of Physician Assistants.

This Program has been reviewed and is acceptable for prescribed credit by the American Academy of Family Physicians.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation.



The Indian Health Service Clinical Support Center is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This session is approved for one contact hour (0.1CEU) under Universal Program Number 600-000-95-048-L01.

SEMINAR GOAL

To improve Indian Health Service physician's, nurse's, and pharmacist's competence in the management of cardiac arrest and other emergent cardiac problems.

SEMINAR OBJECTIVES

At the end of the workshop, the involved participant should be able to:

1. Demonstrate safe and appropriate technique in the management of the airway.
2. Identify selected dysrhythmias and outline appropriate therapeutic and pharmacologic management.
3. Be able to function as a team leader in a cardiac arrest situation.

ACCREDITATION

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing medical education for 7.5 hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association.

This Category 1 credit is accepted by the American Academy of Physician Assistants.

The Indian Health Service Clinical Support Center is approved as a provider of continuing education in nursing by the American Nurses' Credentialing Center Commission on Accreditation. This activity has been awarded 9.0 hours (which includes 2.4 hours of pharmacology).



The Indian Health Service Clinical Support Center is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. This activity has been awarded 7.5 contact hours (0.75 CEUs) under Universal Program Number 600-000-95-097-L01.

The Phoenix Area IHS
and
The IHS Clinical Support Center (Accredited Sponsor)

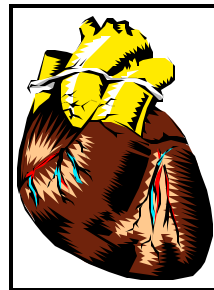
PRESENTS

THE AMERICAN HEART ASSOCIATION'S

ADVANCED CARDIAC LIFE SUPPORT PROVIDER RECERTIFICATION COURSE

September 18, 1995
8:00 am - 5:00 Pm

Phoenix Indian Medical Center
4212 North 16th Street
Phoenix, AZ 85016



Accredited Sponsor:
Indian Health Service
Clinical Support Center
40 North Central Avenue, Suite 780
Phoenix, AZ. 85004

CONTINUING EDUCATION CERTIFICATES

To obtain a certificate of continuing education, the following requirements must be met:

- ! Must have a current BLS (CPR) card.
 - ! Must complete written examination with a minimum score of 84%
 - ! Must pass performance examinations in airway management, megacode, rhythm recognition, and therapeutic modalities
 - ! Submission of a completed evaluation document.
 - ! Document attendance on sign-in record for each day present
- Certificates will be mailed to the address on your registration form within 60 days.
- ! This is a recertification course. Proof of previous certification is required.

FACULTY

All faculty are providers in the Indian Health Service. For a complete list, contact Stu Richards, PAC at (602) 263-1508

REGISTRATION

There is no registration fee for this program. To register contact:

Georgianna Holmes
Clinical Support Center
40 North Central Avenue, Suite 780
Phoenix, AZ 85004
(602) 364-7777

DOCUMENTING ATTENDANCE

Accurate attendance records must be kept to insure the proper issuance of credit hours. The method of record keeping may depend upon the type and size of your CE activity. For smaller meetings, the **Summary Attendance Report Form** can be used to compile the totals of hours recorded on **Sign-in Sheets**. At larger meetings (for example 150 attendees over several days), sign-in sheets may be impractical. In that situation, we recommend the use of the **Documentation of Attendance Form**, on which participants record their own attendance. A **Registration Form** may be used to collect certain information about your participants that you will need, such as their address and so on. At recurring hourly sessions, participants may initial a printed sign-in sheet.

The completed report of attendance to be submitted to CSC should include:

1. The name and profession (MD, RN, RPh, CNM, LPN, PA, NP, etc.) of attendee.
2. The address, if we are to send certificates directly to the attendee. If all certificates are to be sent back to the coordinator for distribution, the address may be omitted.
3. The Social Security Number (SSN). We use this number as a unique identifier for each individual in our data system so that we will be able to keep cumulative records and send individuals transcripts of all CSC-sponsored events in which they have participated and for which they have earned continuing education hours or units. You may explain to participants that this is for our own internal data system only.
4. The total hours of verified participation. If there are data from several sessions or days, we ask that you add up the hours for each participant and submit only the total. The hours awarded are generally broken down by half-day segments in our letter to you agreeing to sponsor the activity; these hours awarded are the ones to use in calculating totals. If someone attended only part of a session, calculate hours accordingly.

All of the information on the **Summary Attendance Report Form** should be typed. A handwritten name that is recognizable to you, who already know who the person is, may lose something in xeroxing, faxing, etc.. In our experience, instructions to "please print" have little effect, and almost always such sheets have to be returned to you for translation.

On the following pages we have printed examples of the various forms referred to. Feel free to choose from these forms, reproduce them, modify them, or whatever. If you feel you have an idea to improve their usefulness, let us know and we will modify them for you. If you would like one of these forms modified for your use and sent to you on paper or diskette, just ask.

Samples:

Sign-in Sheets (2)

Registration Form

Summary Attendance Report

Documentation of Attendance/Request for Certificate



HOURLY PRESENTATION SIGN-IN SHEET

Initials verify attendance for CE credit. Social Security Number used as unique identifier only.

Presentation: _____

Date: _____

Speaker: _____

NAME (Typed or Printed)	PROFESSION	SOCIAL SECURITY NUMBER	INITIALS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

20.			
21.			
22.			
23.			
24.			
25.			



COURSE SIGN-IN SHEET

Initials verify attendance for CE credit. Social Security Number used as unique identifier only.

Course: _____ Date: _____ AM or PM:

NAME (Typed or Printed)	PROFESSION	SOCIAL SECURITY NUMBER	INITIALS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			



SUMMARY OF HOURS OF ATTENDANCE

To be completed by Continuing Education Coordinator. Hours are total for activity compiled from sign-in sheets. Please type or print. Include address if certificates are to be mailed directly to participants.

Course: _____ Dates: _____ Location: _____

NAME AND ADDRESS	PROFESSIO N	SOCIAL SECURITY NUMBER	TOTAL HOURS ATTENDED
1.			
2.			
3.			
4.			

5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			



REGISTRATION FORM

PLEASE PRINT

COURSE TITLE:

YOUR NAME:

SERVICE UNIT:

MAILING ADDRESS:

CITY

STATE

ZIP

PHONE:

()

()

HOME

WORK

SOCIAL SECURITY NUMBER:

PROFESSION:

☐ Physician

☐ Nurse

☐ Pharmacist

☐ Other (specify)

EMPLOYED BY:

☐ IHS

☐ Tribe

☐ Other (specify)

WORK ADDRESS:

CITY

STATE

ZIP

Revised 8/00



DOCUMENTATION OF ATTENDANCE AND REQUEST FOR CERTIFICATE

In order to receive continuing education credit for this activity, you should complete this request form and return it before you leave.

PLEASE PRINT

Course Title: _____

Your Name: _____

Mailing Address: _____

CITY

STATE

ZIP

Profession:

☐ Physician

☐ Nurse

☐ Pharmacist

☐ Other (specify) _____

I attended the following session: (Please check all that apply):

☐ Tuesday afternoon

☐ Wednesday morning

☐ Wednesday afternoon
morning

☐ Thursday

I certify that I attended the sessions specified above.

Signature of Attendee

The person identified above has received a total of _____ hours continuing education at this activity.

Course Coordinator

9/95



DISCLOSURE OF COMMERCIAL SUPPORT

The Clinical Support Center generally does not sponsor activities for which there is commercial support from prohibited sources.* Prohibited sources include any person who (1) is seeking official action by the employee's agency, or (2) does business or seeks to do business with the employee's agency. Sometimes, however, faculty you have selected do have relationships with commercial entities; these might include, for example, acceptance of research grants or significant stock holdings. These are not necessarily a problem; it is simply good practice to let the audience know about such relationships. Therefore, all speakers (without exception) should be asked to complete the **Disclosure of Commercial Support** Form. You may be surprised how many of your speakers do have established ties with commercial entities. You will also find that most speakers are familiar with the form and have no reluctance to fill it out.

The disclosure form gives them two options: they can state that they have no such relationships, or they can list those that they do have. If you judge any relationships to be significant, these should be communicated to the participants in the brochure and in a discrete, considerate way during the introduction of the speaker, as appropriate. If you have a speaker who participates on a regular basis, this form may be completed once annually. The forms should be forwarded to CSC after the meeting for filing in the permanent record of the activity.

If you want more information about this matter, please call and ask us to send the "Standards for Commercial Support" from the Accreditation Council for Continuing Medical Education.

On the reverse side of the Disclosure Form, you will be able to obtain biographical information that will allow you to compile a faculty list and gives you information with which to introduce your speaker. You will also find out about audiovisual equipment needs and handout reproduction and distribution.

A copy of this form is found on the following pages.

*CSC may jointly sponsor or cosponsor activities for which the other sponsors accept commercial support, so long as this is done in accordance with the accreditation bodies' standards for commercial support and applicable ethical guidelines for federal employees.



IHS CLINICAL SUPPORT CENTER DISCLOSURE OF COMMERCIAL SUPPORT

Having an interest in or affiliation with a corporate organization does not prevent a speaker from making a presentation, but the relationship must be made known in advance to the audience, in accordance with the accreditation bodies. Therefore, we ask that you complete the following:

CE Activity or Meeting: _____

Title of Presentation(s): _____

Date of Presentation(s): _____

Your Name: _____

Please check one of the following two boxes:

G I **do not** have any financial arrangements or affiliations with any corporate organizations which might constitute a conflict of interest with regard to this continuing education activity.

G I **do** have a financial interest, arrangement, or affiliation with one or more corporate organizations whose products or services may be discussed in the context of my presentation or who will be offering financial support or educational grants for this continuing education activity. The financial arrangements or affiliations are as follows:

F Receipt of Honorarium or
Expenses for this Lecture

F Consultant

F Speakers Bureau

F Major Stock Shareholder

F Other Financial or Material Interest

Please name the Commercial Organization(s) and give a brief description of the relationship.

Signature: _____

Please complete this form and return it in the enclosed envelope.

Conference Coordinator:

- G** Any possible conflict of interest listed above was included in the preconference publicity and/or was disclosed at the time the speaker was introduced.

(See reverse)

2/98



IHS CLINICAL SUPPORT CENTER SPEAKER INFORMATION SHEET

PRESENTER'S NAME/DEGREES: _____

JOB TITLE: _____

WORKPLACE: _____

PHONE NUMBER: _____

ADDITIONAL
INFORMATION
(EXPERIENCE OR
QUALIFICATIONS
RELATED TO TOPIC) _____

CE ACTIVITY OR MEETING: _____

TITLE OF PRESENTATION: _____

AUDIOVISUAL REQUIREMENTS

G Slide Projector G Overhead Projector G Flip Chart

G Marker Board G TV G Screen:

G Multimedia Projector G VCR

G Other: _____

HANDOUTS

G I will have no G I will reproduce my G
Clean copy enclosed for
handouts own handouts and
copying bring them with me

(See reverse)

5/97

THE EVALUATION SUMMARY

After the meeting is over, the members of the planning committee will want to read and analyze the evaluation data you have collected. You will no doubt want to know if the goals and objectives were achieved, and whether you were able to answer the learning needs originally identified when planning began. Not only will the data give you feedback about how successful this activity was, but they will help you do a better job planning the next one.

Although it is difficult to face one more task after a meeting has concluded, and it may be tempting to put the evaluations on the shelf to be looked at later, the best time to examine the findings is while the event is fresh in your mind. You will also find that a written report done now will be a useful tool six months from now, say, when planning for the next meeting begins in earnest. Or, if someone else assumes responsibility for the course next time, they will not have to start from scratch.

We ask that you complete the circle for this continuing education activity by writing a brief narrative summary of what you have concluded from the evaluation. What were the strengths of the activity? Were the objectives achieved? What went poorly? What should be done differently next time to improve the course? Send this to us at the Clinical Support Center to include in the permanent file for the activity.

If you would like to see examples of summaries from activities like yours, let us know and we will send you some.